

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-0538
TTY: (800) 526-5812

Dear Transportation Providers:

The enclosed enrollment application for the Illinois Medical Assistance Program has been designed for use by all providers with specific sections relating to different provider types. Please read the enclosed instructions prior to completing the forms.

Your enrollment request will be processed, upon completion and receipt of the enclosed: Medical Provider Enrollment Application (Form 2243) and Transportation Provider Agreement (Form 1413T).

Before your enrollment is approved, your application to become a Medicaid provider will be investigated by the Office of Inspector General. This may include an **on-site** physical inspection of your office, equipment, record keeping and other areas related to your operation.

Each provider is required to report the Name and Federal Employee Identification Number of the entity to whom payments are to be made on their behalf. Enclosed for your convenience is a Request for Taxpayer Identification Number and Certification Form (W-9) to be completed and returned with your enrollment request.

PLEASE NOTE: The DPA 1413T Transportation Provider Agreement requests names, social security number and percentage of ownership of owners/stock holders who own 5% or more of the stock/shares. If Not Applicable (NA), please write **NONE** to indicate.

The DPA 1413T Transportation Provider Agreement also requests names, social security number and position within the company of every partner in a partnership, the sole proprietor and each officer, manager, dispatcher and all individuals in charge of day to day operations.

ALL INDIVIDUALS THAT ARE LISTED ON THE DPA 1413T TRANSPORTATION PROVIDER AGREEMENT MAY HAVE TO SUBMIT TO A FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK. SEE THE ATTACHED FORM ON CRIMINAL BACKGROUND CHECKS FOR MORE INFORMATION AND EXCLUSIONS FROM THIS RULE!

No enrollment will be effective until the Department approves the application. No service should be provided prior to notification of enrollment approval. **PAYMENT WILL NOT BE MADE FOR SERVICES RENDERED PRIOR TO THE EFFECTIVE DATE OF ENROLLMENT.** Change in ownership or corporate structure necessitating a new Federal Tax Identification Number terminates the participation of the enrolled provider. **PARTICIPATION IS NOT TRANSFERABLE.**

Once enrolled, a Provider Information Sheet will be mailed to the participating provider at both the office and payee location(s) listed on the enrollment application. The Provider Information Sheet is to be reviewed for accuracy and used as a reference in preparing claim forms. Reporting of discrepancies or changes to the information originally submitted to HFS are to be noted on the Provider Information Sheet and mailed to the address below. An updated Provider Information Sheet will then be mailed to both the office and payee location(s).

A Provider Handbook of the specific rules and regulations relative to the type of service(s) you provide is available on the Internet. Handbooks on the Internet can be located at <http://www.hfs.illinois.gov/handbooks/>

The Illinois Department of Healthcare and Family Services appreciates your interest in enrolling in the Illinois Medical Assistance Program. If you have any questions regarding the completion of the enclosed forms, please call the Provider Participation Unit at (217) 782-0538. Otherwise, please return the completed forms to the address below.

**Illinois Department of Healthcare and Family Services
Provider Participation Unit
P. O. Box 19114
Springfield, Illinois 62794-9114**

Criminal Background Check Information

Criminal background checks are required for all Non-Emergency Transportation (NET) Providers except the following: Ambulance providers (including helicopters), private automobiles and all NET providers that are owned or operated by governmental agencies.

The Non-Emergency Transportation Fingerprint Form (ORI: IL920600Z) must be completed by **each individual** listed on the DPA 1413T Transportation Agreement when submitting for the Criminal Background Check.

Timeframe for submitting fingerprints: All individuals identified must submit their fingerprints within thirty (30) days of the submission of a provider application.

Providers shall be responsible for the payment of the costs of fingerprint-based criminal background checks. Information regarding fees may be obtained from the respective Fingerprint Vendors.

The following is a list of the Fingerprint Vendors currently providing this service for the Illinois State Police.

Art's Investigations 409 W. Huron, Suite 500 Chicago, Illinois 60610 Phone 1-866-361-9944 Fax 312-932-0596 Website: www.artsinvestigations.com	Statewide Coverage	Identix Identification Services 1650 Wabash, Suite D Springfield, Illinois 62704 Phone 1-800-377-2080 Website: www.identix.com/iis/	Statewide Coverage
Digby's Detective & Security Agency Inc. 2630 South Wabash Avenue Chicago, Illinois 60616 Phone 312-326-1100 Email: fingerprint@digbysecurity.com	Regional Coverage	The Security Professionals, Inc. 5650 South Archer Avenue Chicago, Illinois 60638-1640 Phone 773-581-8181 Website: www.secproinc.com	Regional Coverage
Richardson & Associates 18503 Torrence Avenue Lansing, Illinois 60438 Phone 708-474-4900 Fax 708-474-3797 Website: www.richardson.webpointusa.com	Regional Coverage	Firm Inc. 206 South Sixth Street Springfield, Illinois 62701-9929 Phone 217-753-1190 Fax 217-525-1271 Website: www.verifyinc.com Contact: Bill Koeller Email: bkoeller@hso.net	Statewide Coverage
Security Partners International, Inc. PO Box 5392 River Forest, Illinois 60305 Phone 1-877-774-7266 Fax 1-630-629-4916 Website: www.1877spgs.com	Regional Coverage	Contact: Michael Cheatham Email: mcheatham@hso.net	

Out of State Applicants: Individuals who reside outside the State of Illinois and do not have an opportunity to submit their fingerprints to one of the electronic fingerprint facilities specified above must submit fingerprint cards for the Illinois State Police and the FBI. The Department suggests that those NET provider applicants who must be fingerprinted contact a local police authority in their state of residence to obtain classifiable prints. **Fingerprint cards generally available at local police stations will not be accepted, nor will copies of cards!** Please send your request for the approved fingerprint cards to:

**Illinois Department of Healthcare and Family Services
Office of Inspector General /CVU
404 North 5th Street
Springfield, Illinois 62702
217-524-8414**